

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000064677

Entity Name: 154TH STREET MEDICAL PLAZA, INC.**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN STREET
LOUISVILLE, KY 40202 US**FEI Number:** 65-0851053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VICE PRESIDENT
Name ROBINSON, HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, DIRECTOR
Name BROUSSARD, BRUCE D
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SECRETARY
Name LENAHAN, JOAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title TREASURER
Name BAILEY, ALAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
MEDICAL OFFICER AND DIRECTOR
Name BEVERIDGE, M.D., ROY A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF
FINANCIAL OFFICER
Name KANE, BRIAN A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF
INFORMATION OFFICER
Name LECLAIRE, PHD, BRIAN P
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR MEDICAL DIRECTOR
Name MICHAEL, M.D., SONIA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HANK ROBINSON

VICE PRESIDENT

11/28/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SEGMENT VICE PRESIDENT AND PRESIDENT,
CLINICAL CARE SERVICES
Name CONNOLLY, MARSDEN M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name QUINTANA, DARIEL
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name WILSON, RALPH M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES E
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT
MANAGEMENT
Name PRESTON , WILLIAM MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND ASSISTANT
CORPORATE SECRETARY
Name VENTURA, JOSEPH C
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF
ACCOUNTING OFFICER
Name ZIPPERLE, CYNTHIA H
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202